



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

Consumer Confidence Report Certification

A. PWS Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility - the site or works at which the regulated activity occurs: (text hang)

PWS Name

City/Town

The community water system named above hereby confirms that its Consumer Confidence Report (CCR) was distributed to each customer and/or appropriate notices of availability have been given in compliance with 310 CMR 22.16A. Further, the system certifies that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the Massachusetts Department of Environmental Protection.

PWS ID#

Name

Title

Phone #

Date

Signature

Check all items that apply. (Note: ALL distribution/delivery/publication must be completed before JULY 1 st

B. Consumer Delivery Methods – Based on Population Served

For systems selling water to another community water system:

- ☐ My system delivered the applicable information required at 310 CMR 22.16A(4), to the buying system(s) no later than April 1st of this year, or by the mutually agreed upon date specifically included in a written contract between the parties.

For systems serving less than 500 persons:

Date Completed

- ☐ My system used one or more of the following methods to notify customers that the CCR would not be mailed directly to them and is available to them upon request. (A copy of the notice is attached).
- ☐ Mail ☐ door-to-door delivery ☐ newspaper ☐ posting notices

Locations of Posted Notices

- ☐ My system provided a copy of the CCR to each customer by one of the following methods:
- ☐ Published the report in a local newspaper (a copy of the published report is attached).
- ☐ Directly mailed or delivered a CCR to consumers.

For Systems serving between 500 and 9,999 persons:

Date Completed

- ☐ My system provided a copy of the CCR to each customer by one of the following methods:
- ☐ Published the report in a local newspaper (a copy of the published report is attached).
- ☐ Directly mailed or delivered a CCR to consumers.

- ☐ My system provided a copy of the CCR to each customer by direct mail or delivery.



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B. Consumer Delivery Methods – Based on Population Served (cont.)

For Systems serving 10,000 or more persons:

Date Completed _____

- ☐ My system provided a copy of the CCR to each customer by direct mail.
- ☐ My system provided a copy of the CCR to each customer by the following direct delivery methods (other than mail):

Locations of Posted Notices _____

- ☐ In addition to one of the delivery methods checked above, my system serves greater than 100,000 persons and as required has posted the CCR on a publicly accessible Internet site:

Web Address _____

C. Good Faith Delivery Methods – A minimum of three of the following were conducted:

- ☐ Posted CCR on a publicly accessible Internet site at the following address:
- ☐ Mailed the CCR to all postal patrons within the service area. (List of zip codes used is attached).
- ☐ Advertised availability of the CCR in the following news media (a copy of the announcement is attached):
☐ radio ☐ newspaper ☐ television / cable
- ☐ Published CCR in local newspaper (a copy of the published CCR is attached).
- ☐ Posted the CCR in public places, including post office, town hall and public library (a list of locations is attached).
- ☐ Delivered multiple copies to single bill addresses serving several persons: i.e. apartments, businesses, and large private employers.
- ☐ Delivered to community organizations (list of organizations is attached).
- ☐ Post report or notice of availability in the lobby of apartment complexes.
- ☐ _____
Other

D. Mandatory Agency Delivery Requirements – For All Systems:

- ☐ Delivered 1-copy of CCR and 1-copy of Certification Form to the local Board of Health.
- ☐ Delivered 1-copy of CCR and 1-copy of Certification Form to MA Dept. of Public Health.
- ☐ Delivered 1-copy of CCR and 1-copy of Certification Form to MA DEP Boston Office.
- ☐ Delivered 2-copies of CCR, 2-copies of Certification Form and 2-copies of ALL the attachments check-marked above to the appropriate DEP Regional Office.

Date Completed _____

Date Completed _____

Date Completed _____

Date Completed _____